

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**GENE GREEN CONGRESSIONAL CAMPAIGN**

Full Name (Last, First, Middle Initial)

**A. Twenty-First Century Group**

Mailing Address 434 New Jersey Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Fundraising Reception Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 03 / 2015

Amount of Each Disbursement this Period

2100.00
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Transaction ID : SB17.25226

**B. Verizon Wireless**

Mailing Address P. O. Box 630023

City	State	Zip Code
Dallas	TX	75263

Purpose of Disbursement  
Cellular Telephone Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 26 / 2015

Amount of Each Disbursement this Period

350.97
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Transaction ID : SB17.25223

**C. Verizon Wireless**

Mailing Address P. O. Box 630023

City	State	Zip Code
Dallas	TX	75263

Purpose of Disbursement  
Cellular Telephone Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 25 / 2015

Amount of Each Disbursement this Period

565.41
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Transaction ID : SB17.25248

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3016.38